plication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

010192

| CLAIMS AS FILED - PART I  |  |   |                   |                               |                              |                  | S      | <b>SMALL ENTITY</b> |                        | OTHER THAN |                     |                        |
|---|--|---|-------------------|-------------------------------|------------------------------|------------------|--------|---------------------|------------------------|------------|---------------------|------------------------|
|   |  |   | (Column 1)        |                               | (Column 2)                   |                  | T      | TYPE                |                        | OR         | SMALL               | ENTITY                 |
| TOTAL CLAIMS  |  |   | 21                |                               |                              |                  |        | RATE                | FEE                    |            | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED      |                               | NUMB                         | ER EXTRA         |        | BASIC FEE           | 355.00                 | OR         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 21 minus 20=      |                               | · j                          |                  |        | X\$ 9=              |                        | OR         | X\$18=              | 1800                   |
| IND   | EPENDENT CL                                    | AIMS                                      | 2 minus 3 =       |                               | . 6                          |                  |        | X40=                |                        | OR         | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |                               |                              |                  |        | +135=               |                        | OR         | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                   |                               |                              | olumn 2          | L      | TOTAL               |                        | OR         | TOTAL               | 728 o                  |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                               |                              |                  |        |                     |                        |            | OTHER               |                        |
|   |  | (Column 1)                                |                   | (Colu                         | mn 2)                        | n 2) (Column 3)  |        | SMALL ENTITY        |                        | OR         |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus             | **                            |                              | =                |        | X\$ 9=              |                        | OR         | X\$18=              |                        |
|   | Independent                                    | AITATION OF M                             | Minus             | ***                           | T CL AIAA                    | =                |        | X40=                |                        | OR         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                   |                               |                              |                  |        | +135=               |                        | OR         | +270=               |                        |
|   |  |   |                   |                               |                              |                  |        | TOTAL<br>ADDIT. FEE |                        | OR         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                               |                              |                  |        |                     |                        |            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus             | **                            |                              | =                |        | X\$ 9=              |                        | OR         | X\$18=              |                        |
|   | Independent                                    | •   | Minus             | ***                           |                              | =                | 1      | X40=                |                        | OR         | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                               |                              |                  |        | +135=               |                        | OR         | +270=               |                        |
| TOTAL   |  |   |                   |                               |                              |                  |        |                     |                        | OR         | TOTAL               |                        |
| ADDIT   |  |   |                   |                               |                              |                  |        |                     |                        | On         | ADDIT. FEE          |                        |
|   |  | (Column 1) CLAIMS                         |                   |                               | mn 2)<br>HEST                | (Column 3)       |        |                     |                        |            |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUN<br>PREV                   | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus             | **                            |                              | =                |        | X\$ 9=              |                        | OR         | X\$18=              |                        |
|   | Independent                                    |   | Minus             | ***                           | T CL AIN                     | =                | 11     | X40=                |                        | OR         | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                               |                              |                  |        | +135=               |                        | OR         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |  |   |                   |                               |                              |                  |        |                     |                        | •          | TOTAL               |                        |
|   | If the "Highest Nu                             | ımber Previously F                        | aid For" IN TH    | IS SPACE                      | is less th                   | an 3, enter "3." |        | ADDIT. FEE          |                        | OR         | ADDIT. FEE          | L                      |
|   | The "Highest Nur                               | nber Previously Pa                        | aid For" (Total o | r Indepen                     | dent) is th                  | e highest numb   | er fou | nd in the app       | propriate bo           | x in co    | olumn 1.            |                        |